

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 09/01/2018		Bureau/Station/Facility: North Patrol Division / Palmdale Station		Admin. Invest.? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
Incident Information					
URN: 015-18301-2607-013		Date: 12/20/2015		Time: 0258 hours	
City or Station: Palmdale Station		Nature of Incident: During Suspect Leroy Browning's arrest for D.U.I., an altercation ensued. During the altercation, the suspect grabbed Deputy Schnereger's gun, resulting in a deputy involved shooting.			
Location: 37910 47th Street East, Palmdale, CA.					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other:		Lighting (check only one): <input checked="" type="checkbox"/> Darkness <input type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance: 6-12 inches		Incident Type (check one or more): <input type="checkbox"/> Accidental <input type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input checked="" type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit		Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol			
Total # of Shots Fired by Deputy: 5		Total # of Shots Fired by Suspect: 0		Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	ShiftType (check only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Creamer	George	P.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Knott	Theodore	P.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
	Martinez	Oscar	A.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
	Shaffer	Ronald	T.		

PSTD Use Only	
SH #	2391928

Rollout Information			
Arrival Date	12/20/2015	Arrival Time	0600 hours
Date Submitted	09/01/2018	Date of Recommendation	
Employee #	Last Name	First Name	M.I.
	Martin	Daniel	W.
Employee #	Last Name	First Name	M.I.
	Denison	Trent	A.
Employee #	Last Name	First Name	M.I.
	Grall	David	M.

Shooting / Force Information

Method

(AW) Arwen	(OV) Other Weapon: Vehicle
(BC) Baton: (Control)	(OB) Other Weapon: Blunt Object
(BI) Baton: (Impact)	(OO) Other Weapon: Other
(BF) Bodily Fluids	(PK) Personal Weapon: Feet/Leg: (Kick)
(CN) Canine	(PS) Personal Weapon: Feet/Leg: (Sweep)
(CR) Carotid Restraint	(PH) Personal Weapon: (Hand/Arm)
(CH) Choke Hold	(PP) Personal Weapon: (Push)
(CT) Control Holds: (Control Techniques)	(PO) Personal Weapon: (Other)
(TT) Control Holds: (Team Takedown)	(RS) Resistance
(TD) Control Holds: (Takedown)	(CH) Restraint Device: (Capture Net)
(CE) Chemical	(RH) Restraint Device: (Handcuffs)
(OC) Chemical Agents (OC Spray)	(HB) Restraint Device: Hobble (Legs Only)
(TG) Chemical Agents (Tear Gas)	(TP) Restraint Device: Hobble (TARP)
(EX) Explosives	(RE) Restraint Device: REACT Belt
(FH) Firearm (Handgun)	(SP) Sap
(FR) Firearm (Rifle)	(SH) Shield
(FS) Firearm (Shotgun)	(SG) 37mm Stinger
(FO) Firearm (Other)	(SB) Sting Ball
(FB) Flashbang	(ST) Stun Bag
(FL) Flashlight	(TR) Taser
(OE) Other Weapon: Edged	(UC) Uncooperative

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PV) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Injured

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hand
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(SH) Shoulder
(WR) Wrist

Brand

(AK) AK-47	(IV) Iver Johnson	(RO) Rossi
(BN) Benelli	(JE) Jennings	(SW) Smith & Wesson
(BR) Beretta	(LO) Lorcini	(SR) Sturm Ruger
(BW) Browning	(LU) Luger	(SS) SIG Sauer
(CH) Charter Arms	(MA) Marlin	(ST) Sterling
(CO) Colt	(MO) Mossberg	(TA) Taurus
(DA) Davis Industries	(NC) NCI aka SKS	(WE) Weatherby
(GL) Glock	(NA) North American	(WN) Winchester
(HA) Harrington & Richardson	(NO) Norinco	(US) US Government
(HI) Hi Standard	(RA) Raven	(YY) Handmade (Inmate)
(HK) H & K	(RM) Remington	(XX) Homemade (Non-Inmate)
(IT) Ithaca	(RG) RG	(ZZ) Other Brand
	(RI) RGI	

Caliber

(9) 9 mm	(24) .243 caliber	(41) .410 gauge
(10) 10 mm	(25) .25 caliber	(44) .44 caliber
(12) 12 gauge	(30) .308 caliber	(45) .45 caliber
(20) 20 gauge	(35) .357 caliber	(50) 50 mm
(21) .22-250	(36) 30-80 caliber	(SL) Slug
(22) .22 caliber	(38) .38 caliber	(WW) Other caliber
(23) .223 caliber	(40) .40 caliber	

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#2	RS	N/A	N/A			N/A	HD
S#1	E#2	RS	N/A	N/A			N/A	SH
S#1	E#2	RS	N/A	N/A			N/A	BK
S#1	E#3	RS	N/A	N/A			N/A	SH
S#1	E#1	RS	N/A	N/A			N/A	SH
S#1	E#4	RS	N/A	N/A			N/A	SH
S#1	E#2	TD	N/A	N/A			N/A	SH
S#1	E#2	PH	N/A	N/A			N/A	HI
E#1	S#1	PP	N/A	N/A			N/A	SH
E#1	S#1	FH	SW	9	Y	Y	DH	CH
E#2	S#1	CT	N/A	N/A			N/A	HD
E#2	S#1	PP	N/A	N/A			N/A	SH
E#2	S#1	PP	N/A	N/A			N/A	SH
E#2	S#1	PH	N/A	N/A			N/A	HD
E#3	S#1	CT	N/A	N/A			N/A	AR
E#3	S#1	PP	N/A	N/A			N/A	SH
E#3	S#1	PH	N/A	N/A			N/A	BK
E#4	S#1	PP	N/A	N/A			N/A	SH

Officer Involved Shooting Involved Employee Information

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Involved Employee									
E 1	Employee #	Last Name	Nolin		First Name	Brett	M.I.	E.	
	Sex: M	Race: W	Rank: DSG	Unit Assignment: Palmdale Station	Work Assignment (Unit #, Module, etc.): 265A				
	ShiftTime (circle only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used: None		
	Hospital Admission? <input type="checkbox"/>		Hospital Name: N/A		Coroner Case? <input type="checkbox"/>		Coroner Case # N/A		Interviewed? <input checked="" type="checkbox"/>
	Hrs of sleep prior to shooting: 6-8 hours		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height: 6'06	Weight: 265						
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:				
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shootings?	Number of Prior Shootings:	Directed Force:			
	Weapons Fired Brand: Smith&Wesson		Caliber: 9mm	# Shots: 5	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		
E 2	Employee #	Last Name	Schnereger		First Name	Jonathan	M.I.	P.	
	Sex: M	Race: W	Rank: DSG	Unit Assignment: Palmdale Station	Work Assignment (Unit #, Module, etc.): 260T1				
	ShiftTime (circle only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting: Unknown		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height: 510	Weight: 190						
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:				
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shootings?	Number of Prior Shootings:	Directed Force:			
	Weapons Fired Brand: N/A		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		
E 3	Employee #	Last Name	Quiroz		First Name	Steve	M.I.	NMN	
	Sex: M	Race: H	Rank: DSG	Unit Assignment: Palmdale Station	Work Assignment (Unit #, Module, etc.): 263T1				
	ShiftTime (circle only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting: Unknown		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height:	Weight:						
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:				
	Certified with Weapon Used?	Patrol Certification?	Certification Unit:	Prior Shootings?	Number of Prior Shootings:	Directed Force:			
	Weapons Fired Brand: N/A		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name		First Name		M.I.		
	Field Training Officer Emp #		Last Name		First Name		M.I.		

Officer Involved Shooting Involved Employee Information

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Involved Employee									
E 4	Employee #	Last Name			First Name			M.I.	
		Rodriguez			Ernesto			D.	
	Sex: M	Race: H	Rank: DSG		Unit Assignment: Palmdale Station		Work Assignment (Unit #, Module, etc.): 265A		
	ShiftTime (circle only one): <input checked="" type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>
	Hrs of sleep prior to shooting: Unknown		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height: 508	Weight: 240		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force:		
	Weapons Fired Brand: N/A		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name			First Name		M.I.	
	Field Training Officer Emp #		Last Name			First Name		M.I.	
E	Employee #	Last Name			First Name			M.I.	
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force:		
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name			First Name		M.I.	
	Field Training Officer Emp #		Last Name			First Name		M.I.	
E	Employee #	Last Name			First Name			M.I.	
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):		
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:		
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Raid Jacket w/ Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Uniform no Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Uniform w/ Vest		Other Factors:		
	Age:	Height:	Weight:		Range Qualification Date:		PPC Qualification Date:		Laser Training Date:
	Certified with Weapon Used? <input type="checkbox"/>	Patrol Certification? <input type="checkbox"/>	Certification Unit:		Prior Shootings? <input type="checkbox"/>	Number of Prior Shootings:	Directed Force:		
	Weapons Fired Brand:		Caliber:	# Shots:	Weapons Fired Brand:		Caliber:	# Shots:	
	Field Training Officer Emp #		Last Name			First Name		M.I.	
	Field Training Officer Emp #		Last Name			First Name		M.I.	

Officer Involved Shooting Suspect Information

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Suspect Information										
S 1	Last Name			Browning		First Name		Leroy	M.I.	T.
	AKA Last Name			Delafuente		First Name		William	M.I.	A.
	Sex:	M	Race:	B	Street Address:	City:		State & Zip Code:		
	Work Phone:			Home Phone:			Social Security #:	Driver's License #:		
	Age:	30	D.O.B.:	11/06/1985	Height:	504	Weight:	146	FBI #:	CII #:
	Booking #:				Primary Charge:	Secondary Charge:				
	Coroner Case?	<input checked="" type="checkbox"/>	Coroner Case #:	2015-08730		Intoxication/Drug Usage?	<input checked="" type="checkbox"/>	Substance Used:		
	Armed?	<input type="checkbox"/>	Apprehended?	<input checked="" type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?			
	Vehicle Make:	Ford	Model:	Focus	Year:	2004	Parole:	No	Probation:	Prior Felony Conviction:
	S	Last Name					First Name			
AKA Last Name					First Name				M.I.	
Sex:			Race:		Street Address:	City:		State & Zip Code:		
Work Phone:				Home Phone:			Social Security #:	Driver's License #:		
Age:			D.O.B.:		Height:		Weight:		FBI #:	CII #:
Booking #:					Primary Charge:	Secondary Charge:				
Coroner Case?		<input type="checkbox"/>	Coroner Case #:			Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:		
Armed?		<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?			
Vehicle Make:			Model:		Year:		Parole:		Probation:	Prior Felony Conviction:
S		Last Name					First Name			
	AKA Last Name					First Name				M.I.
	Sex:		Race:		Street Address:	City:		State & Zip Code:		
	Work Phone:			Home Phone:			Social Security #:	Driver's License #:		
	Age:		D.O.B.:		Height:		Weight:		FBI #:	CII #:
	Booking #:				Primary Charge:	Secondary Charge:				
	Coroner Case?	<input type="checkbox"/>	Coroner Case #:			Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:		
	Armed?	<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?			
	Vehicle Make:		Model:		Year:		Parole:		Probation:	Prior Felony Conviction:
	S	Last Name					First Name			
AKA Last Name					First Name				M.I.	
Sex:			Race:		Street Address:	City:		State & Zip Code:		
Work Phone:				Home Phone:			Social Security #:	Driver's License #:		
Age:			D.O.B.:		Height:		Weight:		FBI #:	CII #:
Booking #:					Primary Charge:	Secondary Charge:				
Coroner Case?		<input type="checkbox"/>	Coroner Case #:			Intoxication/Drug Usage?	<input type="checkbox"/>	Substance Used:		
Armed?		<input type="checkbox"/>	Apprehended?	<input type="checkbox"/>	Mental Illness?	<input type="checkbox"/>	Criminal History?			
Vehicle Make:			Model:		Year:		Parole:		Probation:	Prior Felony Conviction: